

**PATENT** Docket: P-9091.04

PATENT AND TRADEMARK OFFICE

Applicant(s):	Jahns et al	)	Art Unit: 3762
Serial No.:	10/724,978	)	Examiner:
Filed:	12-01-2003	)	

For:

METHOD AND SYSTEM FOR NERVE STIMULATION AND CARDIAC

SENSING PRIOR TO AND DURING A MEDICAL PROCEDURE

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## Dear Sir:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 et. seq., the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application.

Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicant further requests that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Respectfully submitted,

Scott E. Jahns et al By their Representatives,

Jeffrey J. Hohenshell Attorney for Applicants Registration No. 34,109

Telephone: (763) 391-9661

Customer No.: 27581

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	Examiner Initial	Document Fumber	Date	Name	Class	SubClass		Date If
		2002/072782	06-13-2002	Osorio, et al				-
		2003/045909	03-06-2003	Gross, et al				
		6,141,590	10-31-2000	Renirie, et al				
		6,381,499	04-30-2002	Taylor				
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	EXAMINE	₹		<b>Date Considered</b>				

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Based on Form PTO-FB-A820

Patent and Trademark Office, U.S. Department of Commerce

Based on Form PTO-FB-A820 (Also form PTO-1449)

## DECKATION SQUILO MAY 0 MAY 1 MAY 1

\_\_\_\_\_Jo L. Bre Printed Name

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☐ Information Disclosure Statement Transmittal
  ☐ Supplemental Information Disclosure Statement
- ☑ PTO FORM 1449☑ Return Postcard

FEE CALCULATION

\$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification
\$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
\$240.00 Pursuant to 37 CFR §1.97(c) without Certification

☐ \$240.00 Pursuant to 37 CFR §1.97(c) without Certification ☐ \$130.00 Pursuant to 37 CFR §1.97(d) with Certification

Applicant hereby petitions for a consider this petition therefor.

months' extension of time. If an additional extension of time is required, please

Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

May L, 2005

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Jeffrey J. Hohenshell

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